

COVER PAGE

Date Received

APR - 1 2011

(MIDDLE)

Human Resource Division

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

NODA

Audrey

1. Office, Agency, or Court

Agency Name

STATE CONTROLLER'S OFFICE Deputy Chief of Staff

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: CALSTRS, CALPERS

Position: Alternate Board member

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Multi-County

☐ City of

☐ Judge (Statewide Jurisdiction)

☐ County of

☐ Other

COPY

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is / / through December 31, 2010.

☐ Assuming Office: Date / /

☐ Candidate: Election Year

Office sought, if different than Part 1: /

☐ Leaving Office: Date Left / /
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is / / through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

► Total number of pages including this cover page: 6

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California

Date Signed

3/22/11

(month, day, year)

Signature

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Andrew Aboda

1. BUSINESS ENTITY OR TRUST

Name Lanhammans Vore Green
555 S. Flower St, Suite 4210 Los Angeles
Address (Business Address Acceptable) CA 90071
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

State Card Mgmt Organization

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000 / / 10 / / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION None Spence's Business
Paul Arnes

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 / / 10 / / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 / / 10 / / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION

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Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
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☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 / / 10 / / 10
☐ \$100,001 - \$1,000,000 ACQUIRED DISPOSED
☐ Over \$1,000,000

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Andrey Alodn</u>

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
OUR KIDS COME FIRST - NO RECALL FRIENDS OF SCOTT SPONKIN

ADDRESS (Business Address Acceptable)
555 S Flower St, Suite 4210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign committee Los Angeles, Ca 90071

YOUR BUSINESS POSITION
NONE - Spouse's Business Paul Arnen Consulting

GROSS INCOME RECEIVED

☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Dakota Communications

ADDRESS (Business Address Acceptable)
2995 Overland Ave, Suite 210

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles Ca 90064

YOUR BUSINESS POSITION
NONE - Spouse's Business Paul Arnen Consulting

GROSS INCOME RECEIVED

☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership
☐ Sale of _____
(Property, car, boat, etc.)
☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE _____ % ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN

☐ None ☐ Personal residence
☐ Real Property _____
Street address
City
☐ Guarantor _____
☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

Name

Andrew Nade

NAME OF SOURCE

LA Co. Federation of Labor

ADDRESS (Business Address Acceptable)

2130 Jamarsh. Woods Blvd, LA Ca 90006

BUSINESS ACTIVITY, IF ANY, OF SOURCE

labor

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1,15,10</i>	<i>\$7000</i>	<i>MLK breakfast</i>
<i>/ /</i>	<i>\$</i>	
<i>/ /</i>	<i>\$</i>	

NAME OF SOURCE

Neighborhood Hsg Sencer of Orange Co.

ADDRESS (Business Address Acceptable)

198 W. Lincoln Ave. 2nd Flr, Anaheim, Ca

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Housing

92805

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>2,25,10</i>	<i>\$10000</i>	<i>Awards Dinner</i>
<i>/ /</i>	<i>\$</i>	
<i>/ /</i>	<i>\$</i>	

NAME OF SOURCE

United Nurses Assn. of Ca

ADDRESS (Business Address Acceptable)

955 Overland Court #150 San Dimas

BUSINESS ACTIVITY, IF ANY, OF SOURCE

labor

91713

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>4,16,10</i>	<i>\$31.67</i>	<i>Receptor</i>
<i>/ /</i>	<i>\$</i>	
<i>/ /</i>	<i>\$</i>	

NAME OF SOURCE

Japanese American Bar Assn

ADDRESS (Business Address Acceptable)

P.O. Box 86812 LA Ca 90086

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bar Assn

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>2,19,10</i>	<i>\$11000</i>	<i>Installation Dinner</i>
<i>/ /</i>	<i>\$</i>	
<i>/ /</i>	<i>\$</i>	

NAME OF SOURCE

Valley Industry & Commerce Assn.

ADDRESS (Business Address Acceptable)

521 Van Ness Blvd. #203 Sherman Oaks,

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Bus. Advocacy

Ca 91403

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>2,26,10</i>	<i>\$4500</i>	<i>State Office Holders Dinner</i>
<i>/ /</i>	<i>\$</i>	
<i>/ /</i>	<i>\$</i>	

NAME OF SOURCE

Paul Arnen

ADDRESS (Business Address Acceptable)

556 S Fair Oaks Ave Suite 101A #468

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Carson Hand

Pasadena, Ca 91105

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>4,17,10</i>	<i>\$12500</i>	<i>Car. Dem party Dinner Ticket</i>
<i>/ /</i>	<i>\$</i>	
<i>/ /</i>	<i>\$</i>	

Comments:

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Andrey Nodn</u>

▶ NAME OF SOURCE
Pat Brown Institute

ADDRESS (Business Address Acceptable)
15151 State University Dr. LA CA 90032

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 29, 10</u>	<u>\$12500</u>	<u>Awards Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
On Society of Municipal Finance

ADDRESS (Business Address Acceptable)
4440 W. Broadway Hawthorne, CA 90250

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 19, 10</u>	<u>\$3500</u>	<u>Lunch program</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
CA Economic Forecast

ADDRESS (Business Address Acceptable)
6409 Callicott, Suite C, Golden, CA 93117

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Econ. Consulting Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 8, 10</u>	<u>\$12500</u>	<u>Breakfast</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Leadership Education for Asian Pacific

ADDRESS (Business Address Acceptable)
327 E 2nd St, Suite 200 LA CA 90012

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NON PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7, 22, 10</u>	<u>\$15000</u>	<u>Awards Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Amish Labor Committee

ADDRESS (Business Address Acceptable)
8739 W. 3rd Street, Suite 2 LA CA 90049

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LABOR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8, 22, 10</u>	<u>\$12500</u>	<u>Awards Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

▶ NAME OF SOURCE
Center for Pacific Asian Family

ADDRESS (Business Address Acceptable)
543 N Fairfax Ave #108 LA CA 90036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10, 1, 10</u>	<u>\$12500</u>	<u>Reception</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Andrew Woden</u>
--

NAME OF SOURCE		
<u>Asian Business Association, Los Angeles</u>		
ADDRESS (Business Address Acceptable)		
<u>120 S San Pedro St, Suite 523</u>		
<u>Los Angeles CA 90012</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
<u>Business Organization</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/7/10</u>	<u>\$45.00</u>	<u>Awards lunch</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
<u>Korean Health Education Information & Research Center</u>		
ADDRESS (Business Address Acceptable)		
<u>3121 W. Cetr St, Suite 201 LA 90010</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
<u>Nonprofit</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/21/10</u>	<u>\$78.00</u>	<u>Awards Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____